

TESTIMONY
Submitted by
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Good Morning.

What is not on my resume is that I was severely depressed for 3 years. In fact, I was in the 99th percentile of severity. Life was not worth living. I had the finest psychiatric and psychopharmacological attention my fortunate wealth could access. I had tried 27 medicines, not including combinations or “cocktails” of them. I had 42 electric shock treatments to give me some respite. I spent 75 weeks in and out of hospitals. I had a loving wife that I lost to divorce 6 months prior to the end of my successful treatment. I lost my family, I lost a good deal of my assets, I lost my apartment, my job and profession, and my father had a stroke.

Finally, when the last electric shock treatment had surprisingly failed, I was gifted by a friend who said “get down to Johns Hopkins”. There I was told I would be lucky, given the severity and duration of my illness, to regain 80% of normalcy, 80% of the time. Since normal for me is more like 120% and a blessed hypo-manic state, not manic, just happy and positive and energetic most of the time, I remember telling Dr. Raymond DePaulo and Dr. Paul McHugh, two of the outstanding psychiatrists in the world, that 80% wasn’t good enough and to pull out the stops and we’d worry about side effects later. And so we did, because that’s their philosophy anyway—pull out the stops, think outside of the box, in fact, collapse the box entirely.

So here I am today. Hopkins gave me a 30 year old, off patented, class of depressant

called Parnate (an MAOI), invented in the early 70's, together with a 2 year old drug designed for calming hallucinations in bipolar and schizophrenics, but which Hopkins had discovered had powerful anti-depressant behavioral effects at low dosages. Add to this mix, Lithium and Lamictal as mood stabilizers with anti-depressant qualities and we had the perfect cocktail.

I spent 12 weeks off and on at the hospital. My wife and children never visited me for reason I still don't fully understand. But it's very possible they had been advised not to get further swept up in the vortex of an illness that eats marriages alive, until we got the fine tuning right. And here we are two and a half years later, and I feel better today than I ever remember in my life.

Against this backdrop, I have just 2 points to make today.

First, depression, bipolar and its related cousins are not mental illnesses. They are physical illnesses, in both cause and treatment. Allow me to explain. In the middle of my illness, Dr. Francis Maas, one of New York's premier psycho-pharmacologists, told me that part of my brain affecting emotion and cognitive behavior was shut down, non functioning. I didn't believe him, since I thought I was right in all my thinking, e.g., that nothing was humorous, nothing gave pleasure, people going to work in the morning was a repetitive tragedy like ants with no brains, etc. To prove my point that my psychological insights were correct, I went down to New York University Hospital where they hooked up my head to 25 electrodes and for a half hour recoded my brain functions. Then I looked at the printouts. It looked prettier than a Christmas tree. My brain's right front was blinking red, my back right was blinking green, my left back was blinking yellow and blue and my front left was—holy smokes—it was black with nothing going

on.

Mental illness may have gotten its name by being lodged in the brain, but at its core, it is not psychological (although counseling can help after the brain is lit up enough) illness. It is a physical illness like diabetes, high blood pressure or a broken arm, which things like extreme stress triggers. There can be a predisposition, or there can be not trigger at all. But suddenly, the physical components of the brain, the electrons, the chemicals, the neurons, the reuptakers, electrical charges don't work. And my point is, if these disorders are thought of correctly, as physically caused and physically cured, mental illness will be called a brain problem, seen entirely differently and the stigma will melt away. Incidentally, I find this insight to be most easily accepted by people under the age of 60 and not so easily accepted by people over 60 (mostly men) who feel if you are depressed you should "pull yourself up by the bootstraps and regain the respect of your wife, family and friends."

My second and last point today, is that finding the right medicine or combination of medicines can often be a long drawn out process. We seem to understand what we are trying to stimulate in the brain, and medicines today are targeted, with variations, to do that. But it is still hit and miss. We need to manage patients expectations while, at the same time, give them hope. But medicines sometime take a long time to fully work, and sometime the patients grow discouraged that he/she is not getting better and the doctor has moved the goal post another 100 yards down the field.

In summary, we have a physical ailment, not psychological, that is treated physically, and that is difficult to treat and takes time. Thank God I have had my family for much of the time, and my wealth to get me through. How other people without those two

ingredients struggle through the months and years of being without human support, a job, money and the finest care in the United States, is beyond me.